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COLONY OF SEYCHELLES.

ANNUAL REPORT OF THE MEDICAL AND HEALTH DEPARTMENT FOR THE YEAR 1950.

Printed by the Head Printer,
At the Government Printing Office
Victoria, Mahé—Seychelles.



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ANNUAL REPORT

OF THE

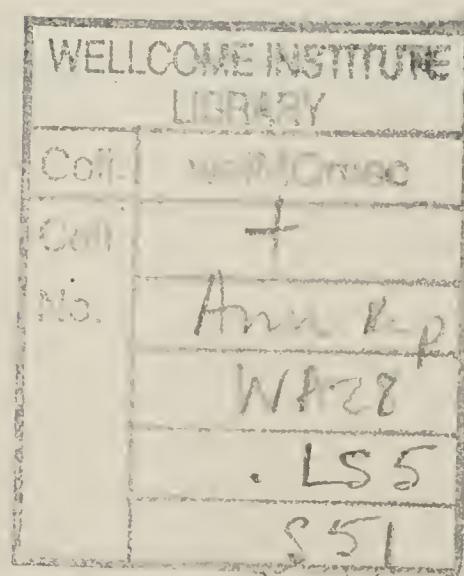
MEDICAL AND HEALTH

DEPARTMENT

FOR THE YEAR

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ANNUAL REPORT OF THE MEDICAL
AND HEALTH DEPARTMENT FOR THE
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TO HIS EXCELLENCY THE GOVERNOR,
GOVERNMENT HOUSE,
SEYCHELLES.

I have the honour to forward the Report on the Medical and Health Department of Seychelles for your information and for transmission to the Rt. Hon. the Secretary of State for the Colonies.

Seychelles, 26th June, 1951.

JAMES TAYLOR,

Senior Medical Officer.

1. ADMINISTRATION.

A. STAFF :

The following staff changes and postings took place during the year.

- (a) Dr. T. K. Abbott, Senior Medical Officer, proceeded on leave on 21st February, 1950.
- (b) Dr. P. M. Joseph acted as Senior Medical Officer from 22nd February until the end of the year.
- (c) Dr. F. Zammit, M. D. (Malta) arrived in the colony and assumed duties as Medical Officer on 9th May, 1950.
- (d) Dr. K. Sperber M. D. (Prague) D. P. H. (Bohemia) arrived in the Colony and assumed duty as Medical Officer on 25th June, 1950.
- (e) Miss M. B. Cahill, Senior British Nursing Sister, arrived in the Colony and assumed duty on 13th January, 1950.
- (f) Rev. Mother Laurence, Matron, Seychelles Hospital, proceeded on leave prior to retirement in June, 1950. She was succeeded as Matron by Miss. M. B. Cahill.
- (g) Mrs. H. J. Webster acted as Sister Tutor until June, 1950, when she resigned. Mrs. K. Sperber acted as Sister Tutor for four months towards the end of the year.
- (h) Mr. H. W. Cotton arrived in the Colony and assumed duty as Laboratory Technician on 8th November, 1950.

ESTABLISHMENT : 1950.

The establishment of Senior Medical Personnel in the Colony is as follows :—

- 1 Senior Medical Officer in charge
- 6 Medical Officers.
- 1 Part-time Dental Surgeon.
- 1 Senior Health Inspector.
- 1 Superintendent of the Leper Colony, Curieuse.
- 1 Matron, Seychelles Hospital.

B. LEGISLATION.

The following legislation was made during the year :—

- (a) *Ordinance No. 1 of 1950.*

An Ordinance to provide for the Registration of Nurses.

(b) *Ordinance No. 2 of 1950.*

An Ordinance to constitute a Midwives Board and to provide for the Registration of Midwives and to regulate their training and practice, and for purposes connected with matters aforesaid,

(c) *Ordinance No. 8 of 1950.*

An Ordinance to Amend the Medical Practitioners and Dentists Ordinance (No. 30 of 1934).

(d) *Ordinance No. 18 of 1950.*

An Ordinance to provide for an Arbitral Tribunal for the settlements of disputes in Public Health Undertakings and in public hospital and sanitary services.

(e) *Ordinance No. 25 of 1950.*

An Ordinance to make provision for the prevention of the introduction and spread of infections and contagious diseases in animals.

(f) The North Mahé (Pollution of Beaches) Regulations, 1950.

(g) The Nurses Registration Regulations, 1950.

(h) The Midwives Regulations, 1950.

(i) The Outlying Islands (Employment of Servants) (Medical Inspection) Regulations, 1950.

C. FINANCE.

The following table indicates the revenue and expenditure of the Medical department for 1950 and the two preceding years. All figures are in Rupees.

	1950	1949	1948
Revenue	40,000	46,704	43,499
Estimated Expenditure	421,865	425,956	327,415
Actual Expenditure	377, 57	392 123	283 917
Total Expenditure of the Colony.	3,240,903	3,038,787	4,025,269
Medical Expenditure per head of population	10.60	11.11	8.43

2. PUBLIC HEALTH.

A. GENERAL.

There was no marked epidemic of any infections disease during the year. The endemic diseases, amoebiasis, helminthic infestations and the venereal diseases continued with little abated energy.

It is significant that there were 49,315 outpatient attendances during the year or 1.3 attendance per head of the population. It is also significant that on any given day approximately one half of the in-patients of the Victoria hospital were suffering from preventable disease. The Medical Department has been and still largely is, curative, and preventive medicine is still only in its infancy.

B. COMMUNICABLE DISEASE.

(a) *Amoebiasis.*

This term include amoebic dysentery, hepatitis, liver abscess and a vague condition of debility occasioned by infestation with the *Entamoeba Histolytica*.

In 1950 428 cases of amoebiasis were admitted to hospital while 1849 cases were diagnosed at outpatients, many of them on clinical grounds only. For these conditions 6,777 injections of emetine were administered.

Two cases of Bacillary Dysentery were recorded but in the absence of laboratory proof it is doubtful just how many cases of this variety of dysentery really occurred. The Co-existence of both forms is a possibility.

Filter beds were in course of preparation at one of Victoria's water supplies during the year which should, when in operation, assist to some degree in reducing the incidence of this disease. Enforcement of the regulations concerning sanitary latrines will also be of some value. But what is wanted more than anything is education of the public for without that no mechanical contrivance can be of much value.

(b) *Helminthiasis.*

These infestations are all but universal. Perhaps the best illustration of their incidence can be made by the following analysis of stool examinations during 1950.

	Number	Percentage of Total.
Routine Stools examined	5,236	100
<i>Endamoeba Histolytica</i>	340	6.4
<i>Giardia Lamblia</i>	671	12.8
<i>Balantidium Coli</i>	93	1.7
<i>Ankylostoma</i>	519	9.9
<i>Ascaris</i>	1,881	35.9

These figures indicate that 3,504 specimens showed the presence of at least one of these parasites or 63% of the total. Intestinal infestations constitute the second largest public health problem in the Seychelles. The remarks made under the heading of amoebiasis apply with equal force.

(c) *Venereal Disease.*

No figures which can claim to give an absolutely true picture of the incidence of these diseases exist and their incidence must be inferred from small cross sections of the populations. Taking the Colony as a whole 36% of all out-patient attendances were for venereal disease and if we take Victoria only the percentage rises to 46%.

Syphilis Was diagnosed in 1237 new cases. Of these 77 were of the congenital type in babies or very young children

Of the 1,160 adults 11% showed primary, 12% secondary and 77% Tertiary or latent syphilis. Cure rate was only 11% i.e the incidence of the primary cases and this poor result can be attributed to two factors — the late stage at which new cases are first seen and the high incidence of defaulters. At present there is no law to compel cases to come for treatment at all and if they do come to continue treatment.

Of the adults 45% were women and 55% men. The adults attended 16,247 times or 14 times per case while the babies attended 764 times or 6.9 times per child.

Many of the tertiary cases were given two courses of treatment not with much hope of cure but in the effort to stave off cardiovascular and neural complications.

In the Maternity department of the hospital 21% of all women admitted had Kahn. Here there were 27 abortions, 13 still born children and 24 premature babies, out of 424 cases.

Gonorrhoea and its sequelae was responsible for 171 admissions to hospital while salpingitis, mainly gonorrhoeal in origin, accounted for 114 more.

At out patients 1,030 cases of gonorrhoea were diagnosed and treated. In ante natal clinic 45% of women showed Gram negative intracellular diplococci in cervical smears.

These figures give only a distorted glimpse of the truth. Many cases indulge in self medication with sulpha drugs purchased from general traders; others use "gonorrhoea mixture" sold by these same traders while still others are treated by practitioners of the "witch doctor" type. The value of that type of treatment is indicated by the fact that one of these practitioners who was unfortunate enough to be infected arrived in hospital for penicillin treatment.

Acquired venereal disease is seen in Seychelles at a very early age. It has been recorded at 10 is becoming not infrequent at 13 and is common after that age. In 1950 80 cases of or under the age of 16 were seen and treated. How many others there are no man can guess.

It is not surprising, in view of the above, that 52% of all babies born in hospital in 1950 were illegitimate the figure for the Colony being approx. 35%.

Great ignorance of these diseases and what they can lead to exists in the Colony. "Mal de Garçon" or "Mal de fille" is often looked upon as a joke or a passing misfortune which delays the jamborée of immorality for a short time only. The horrors of late syphilis, the ruptured pyosalpinxes, the dead or diseased babies are very often not connected at all with the infection acquired many years before. The present position is, at best, a holding one : some medical officers state their opinion that it is not even that

Education of the public from a very early age, possibly 14, is necessary and laws to control the spread of these maladies are urgently needed. With these must go increased facilities for diagnosis and treatment. Without some energetic measures these diseases will tend to take a larger and larger share of the Colony's medical budget with each succeeding year.

(d) *Tuberculosis.*

Figures for 1950 are as follows :

	1950	1949
Pulmonary Tuberculosis	60	103
Other Tuberculosis	24	19

At first sight these figures do not indicate a very serious or a very pressing problem until it is realised these are only the known cases. In addition the housing in and around Victoria is very often insanitary and ill ventilated as well as overcrowded. What ventilation there is, is often hermetically sealed after nightfall. No beds are specifically allotted to the treatment of tuberculosis but 53 cases of pulmonary and 13 cases of other tuberculosis were treated in the general wards of the hospital.

Two things are required to stop the disease spreading until in a few years it may be a menace --- an isolation ward (which will include treatment) and a housing campaign which will provide modern sanitary dwellings for as many people as possible. Both these matters are receiving urgent attention.

(e) *Leprosy.*

Five new cases were diagnosed in 1950 as against eleven in 1949. (See report on Curieuse Leper Colony later in the report).

(f) *Enteric Fevers.*

No case was diagnosed in 1950.

(g) *Diphtheria.*

This declined from 8 cases in 1949 to 3 cases in 1950

(h) *Malaria.*

As no anopheles mosquito is known to exist in Seychelles all cases are imported. There were five new cases as against 4 in 1949.

(i) *Measles.*

This decreased markedly from 320 in 1949 to 3 cases in 1950.

(j) *Chickenpox.*

In a country in communication with smallpox infected countries it is well to have a record of this otherwise harmless disease which rose from 8 cases in 1949 to 43 in 1950.

(k) *Filariasis.*

This is known to exist but is infrequently seen. Only once was it diagnosed in 1950 as against seven times in 1949.

(l) *Influenza.*

There were 371 cases of uncomplicated influenza in 1949.

C. VACCINATIONS AND INOCULATIONS.

The table indicates the numbers of these carried out in 1950.

Small pox vaccination	4,815
Yellow fever inoculations	296
Diphtheria Immunisations	1,195
T. A. B inoculations	17
Tetanus Immunisations	5

D. HYGIENE AND SANITATION.

The Health Department consists of one Senior Health Inspector, five Health Inspectors and two probationer Health Inspectors. Two labourers are employed mainly on oiling of water in various areas against mosquito breeding.

(a) *Inspection of Premises.*

10,798 inspections were made during the year which resulted in the issue of 569 nuisance abatement orders for the following :—

(i)	Removal of Pigs or provision of styes.	223
(ii)	Removal of Pigs.	83
(iii)	Insanitary latrines	182
(iv)	Disrepair of latrine.	27
(v)	Absence of latrine.	12
(vi)	Accumulations of garbage,	36
(vii)	Water accumulations	6

(b) *Anti-Mosquito Work.*

7,287 inspections were made in addition to the above for the presence of mosquito breeding. The incidence found was 5.1% (Aedes index) Oiling of drains, pools, hollows etc. assisted in reducing the mosquito population.

(c) *Food.*

Systematic inspection of food shops, bakeries, restaurants was carried out during the year.

At the slaughterhouse the following carcases were examined.

Cattle	65
Pigs	55
Turtles	436

The carcases of 22 turtles were found to be unfit for human consumption and were destroyed by dumping in the sea.

(d) *Port.*

All ships from overseas were inspected for the presence of the mosquito (anopheles) and fumigation of certain articles imported was carried out to destroy any insects possibly present. All passengers from overseas are required to have a smallpox vaccination certificate and if from a yellow fever endemic zone, a certificate of inoculation or immunity as well. Even transit passengers must have their certificates examined before landing. In 1950, 51 ships grossing 140, 584 tons passed through the port from overseas. The quarantine station which is maintained on Long Island was not used during the year.

(e) *Legal Proceedings.*

There were no prosecutions under public health regulations during the year.

E. DENTAL HEALTH.

The part-time Dental Surgeon continued to carry out very valuable work both in schools and in the Dental Clinic in the Victoria Hospital. The respective figures were :—

Schools :

Deciduous teeth extracted	663
Permanent teeth extracted	188
Fillings	258
Scalings	27
Cincent's gingivitis treated	5

Dental Clinic :

Extractions : Paupers	1,721
Government servants	610
Hospital inmates	175
Police	30
Prisoners	42
Fillings	6
Scalings	6
Septic pocket curettages	4
Alveolar abscesses opened etc.	5
Palatal abscess opened etc.	1
Vincent's gingivitis treated	4

Medical Officers do extraction of teeth at country clinics but conservative dentistry is available only in Victoria.

F. DIETETICS AND NUTRITION.

Obvious malnutrition is not common, the 20 admissions to hospital for this reason being mainly caused by neglect or by massive helminthic infestations. Some degree of malnutrition is seen in children not suffering from neglect or helminthic infestations. The Department of Education provides a free midday meal for approx. 300 children who show signs of malnutrition. The service is regarded as an essential one.

The wages of labourers and others of the same social grade are low; so low that one wonders how they manage to exist at all. Bread fruit, pawpaw and some root vegetables are obtainable fairly easily as in fish but there are reasons when fish is in short supply. The Department of Agriculture is the main producer of the ordinary fresh vegetables.

Vitamin deficiency diseases were diagnosed in 67 cases in 1950. There is however a considerable amount of vitamin deficiency of minor degree usually of B. complex. This may have some relation to the vast amount of intestinal disease which interferes with absorption.

G. VITAL STATISTICS:

The table below gives relevant figures for 1950 and the two preceding years.

	1950	1949	1948
Estimate population at mid year — 3·6	35,703	35,361	34,847
Total Deaths	418	426	477
Death rate per 1,000	11.7	12.1	13.7
Total Births	1,061	1,035	996
Birth rate per 1,000	29.8	29.2	28.6
Deaths under 1 year	64	73	94
Infant Mortality	60.0	70.5	89.0

The increase in population (Births less deaths) was 519 in 1947, 609 in 1949 and 643 in 1950. Assuming that the birth and death rates do not alter materially the population of the Seychelles will be circa 41,000 by 1960. There is a saturation point of population for these small islands with their comparatively small areas of fertile and useable land and this point may be precipitated by vigorous and energetic public health measures. The answer to the conundrum may be found in emigration.

The decrease in infant mortality is very gratifying in view of the large amount of illegitimacy in the islands.

H. SCHOOL MEDICAL SERVICE.

During the year 4,332 school children were examined by Medical Officers. Defects found were referred to clinics, hospital and private practitioners for treatment. The defects noted are tabulated below.

CONDITIONS FOUND	NUMBER	% OF TOTAL	% 1949	% 1948
Total Children	4,332	100	—	—
Malnutrition and poor development	184	4.2	8.5	15.2
Intestinal parasites	1,699	39.0	43.5	37.1
Anaemia	374	8.5	12.1	15.2
Tonsils and Adenoids enlarged or diseased	486	12.1	8.5	— —
Skin Disease	51	1.1	—	—
Eye defects	17	0.3	0.7	0.8
Cardiovascular disease	25	0.6	0.7	0.6

School premises were also inspected and a resume of the findings is contained in the table below.

PREMISES	GOOD	FAIR	POOR
Rooms :			
Lighting Ventilation			
Overcrowding	13	7	6
Grounds			
Size Cleanliness	21	2	3
Latrines			
Numbers: condition	18	2	6

3. MATERNITY AND ANTE NATAL SERVICES.

A. VICTORIA HOSPITAL :

567 women were admitted to the maternity section of the Victoria hospital in 1950. The following work was carried out during the year.

(a) Normal deliveries	387	(q) Abnormal presentation	20
(b) Still births	13	(i) Breech	14
(c) Premature Births	24	(ii) Posterior	1
(d) Abortions threatened	7	(iii) Face	1
(e) Abortions-complete	16	(iv) Footling	3
(f) Miscarriages threatened	4	(r) Caesarean births	5
(g) False Labour	60	(i) Prolapsed cord	1
(h) Complications of Labour	31	(ii) Contracted pelvis	1
(i) Complications of puerperium.	4	(iii) Eclamptic	2
(j) Puerperal pyrexia	1	(iv) Pre eclamptic	1
(k) Pre eclamptic	14	(s) Deaths	11
(l) Eclamptic	3	(i) Maternal	1
(m) Ante partum haemorrhage	3	(ii) Infant	10
(n) Post partum haemorrhage	15	(t) Live Births	380
(o) Retained placenta	6	(i) Males	199
(p) Forceps deliveries	26	(ii) Females	181
		(u) Kahn positive	21%

B. OTHER HOSPITALS :

Bay St. Anne Praslin	Logan Hospital La Digue
-------------------------	----------------------------

Live Births	62	43
Still births	4	1
Premature births	2	—
Complicated labour	5	—
Abortions	5	4

C. ANTE NATAL CLINIC.

At the ante natal clinic held at Victoria hospital 296 woman attended for the first time and 926 on subsequent occasions.

4. HOSPITAL AND DISPENSARIES.

A. SEYCHELLES HOSPITAL.

OTHER HOSPITALS AND DISPENSARIES.

The great majority of the sick are treated at Seychelles hospital. There are, in addition, small hospitals at Bay St. Anne on Praslin Island and at La Digue and a clinic with "rest beds" at Anse Royale, Mahe.

Dispensaries are held at Victoria hospital, Anse Royale, Grand Anse Mahe, Bay St. Anne, Grand Anse Praslin and La Digue. These are attended by Medical Officers on at least one occasion per week : and there are also clinics held by senior nurses at Bel Ombre Mahe and Takamaka, South Mahe.

The table below indicates the number of in and out patients treated at the various centres.

Hospital or Dispensary	Beds	Inpatients	Outpatients
Victoria	110	3279	28,209
Bay St. Anne	26	279	2,885
La Digue	8	66	2,316
Anse Royale	4	85	8,839
Grand Anse, Mahe	--	--	2,292
Grand Anse, Praslin	--	--	3,388
Takamaka	--	--	863
Bel Ombre	--	--	522
Totals	148	3709	49,315
Totals (1949)	148	3525	38,613

B. MAIN CAUSES OF ADMISSION TO SEYCHELLES HOSPITAL IN 1950

Asthma	166	Gonorrhœa	171
Anæmia	35	Hepatitis	273
Cancer	19	Injuries	173
Diabetes	29	Malnutrition	20
Dysentery (Amoebic)	155	Skin disease	54
Ear Nose &		Scabies	28
Throat Conditions	206	Salpingitis	114
Eye Conditions	89	Septic Conditions	286
Enteritis	97	Tuberculosis Pul.	53
Fractures	57	Tuberculosis Oth.	13

KAHN TESTS were carried out on 1011 inpatients of which 400 or approx. 40% were positive.

C. SURGICAL.

Major operations Performed		175
Minor operations performed		225
Emergency operations performed		75
(a) Strangulated hernia	11	
(b) Ruptured liver abcess	7	
(c) Ruptured pyosalpinx	6	
(d) Acute appendicitis	22	
(e) Caesaraen section	5	
(f) Intussusception	5	
(g) Volvulus	5	
(h) Intestinal adhesions	2	
(l) Incomplete abortion	2	
(j) Gas gangrene	1	
(k) F. B. in abdomen	1	
(l) Ruptured liver (trauma)	1	
(m) " spleen "	1	
(n) " bowel "	1	
(o) Haemorrhage from hydatid mole	1	
Subtotal hysterectomies		25
Tonsillectomies		101

D. X-RAY DEPARTMENT.

The only X-ray machine in the Colony is at Victoria Hospital. In 1950 a new portable Watson machine was installed and a Leicester generating plant to provide power. This means that X-ray facilities are now available at any hour as incidentally is the use of the electric cautery, previously restricted.

In 1950 181 films were exposed — 15 x 12 76
 10 x 12 34
 8 x 10 20
 6½ x 8½ 51

E. TRAINING OF NURSES.

Mrs. H. J. Webster acted as Sister Tutor until June, 1950 and Mr. K. Sperber for four months at the latter end of the year. There was a hiatus during which there was no sister tutor. Lectures were given by Medical Officers in addition to the Sister Tutor. During the year 17 probationer nurses withdrew and only a small proportion were replaced. In 1950 31 nurses were in training in addition to 8 midwives. One difficulty in teaching is language as a great number of probationers, although they speak English, use French as their mother tongue.

F. PRINCESS ELIZABETH NURSES HOME.

This was officially opened in August of 1950 and provided accommodation for 20 nurses. It is hoped to complete the building in 1951.

G. KITCHEN.

A new "Aga" cooker was installed during 1950 which not only allows of more rapid preparation of food but more hygienic handling of it. Coke, imported from South Africa, is used in the cooker.

H. MENTAL HOSPITAL

This is situated at Anse Royale, Mahe Island and is built to accommodate 28 patients. A new mental hospital is planned and will be erected in the same district at no considerable distance from the present one. Patients handled during the year are indicated in the table below.

Patients	Male	Female	Total
Resident at 1.1.50	22	15	37
On trial at 1.1.50	—	6	6
Total at 1.1.50	22	21	43
Admissions 1950	2	4	6
Deaths 1950	2	4	6
Recovered on trial	1	2	3
Resident at 31.12.50	21	13	34
On trial at 31.12.50	1	8	9
Total at 31.12.50	22	21	43

I. LEPROSY COLONY : CURIEUSE ISLAND

The Leprosy Colony is situated on the island of Curieuse which is adjacent to Praslin. The Superintendent during 1950 was an officer employed by the British Empire Leprosy Relief Association to whom the thanks of the Colony are due.

Patients at 31 December 1950 were 46 in number. During the year there were 5 admissions (2 women — 2 men and one boy of 15). There were two deaths (1 male and 1 female). One female child was born in the colony in 1950.

Premises.

A recreation room was opened and was much used by the inmates. It is furnished with tables, chairs, games and a gramophone with records.

Three of the patients houses were stripped and rethatched by the patients themselves.

A new house to accommodate a non-leper labourer was completed and occupied.

Treatment.

Until November Sulphetrone was used but this was replaced by D.A.D.P.S. later. Of the former the maximum dosage given was not more than 6 gms or 12 tablets daily for six days each week. The blood level of those taking this drug never exceeded 5.5. Haemoglobin estimations were done weekly and

only in 5 cases did it fall below 75% (by Tallqvist method). Counts of red blood corpuscles show that these were rarely over 4 million and were definitely lower in female patients. Mist Ferri Arsenic was given twice daily to all patients. No severe reactions to the drug were noted but seven patients showed inflammation of the eyes which subsided on the drug being withdrawn. Since the drug has been given to all cases open sores have been noticeably absent. The clinical picture of 90% of cases has improved: nodules have diminished and even disappeared leaving scar tissue behind. Bacteriologically 62% of cases have shown improvement in quantity and quality of *B. Leprae* in smears. By quality is meant that the bacilli have become fragmented and show patchy staining. No patients were negative at the end of the year but four showed very scanty and very degenerate bacilli. D.A.D.P.S. appears to be more toxic than Sulphetrone but experience of the new drug is not sufficient yet to make a definite statement.

The patients appear to be contented and their morale is good very largely due to hopes engendered by the new drugs. 28 patients work and earn small sums of money which is largely spent at the shop which is in a flourishing condition.

J. OTHER MEDICAL WORK :

The Central Prisons were visited regularly during the year as was the Fiennes Institute for aged and poor persons.

5. LABORATORY SERVICE.

Until late in November 1950 the laboratory was restricted in its work and only a limited number of procedures could be carried out. In that month Mr. H. W. Cotton Laboratory Technician arrived and took charge of the laboratory with a view to building it up in equipment and usefulness. Grants from the Colonial Development and Welfare fund enabled this to be done and it is hoped that by the end of 1951 the laboratory will be capable of carrying out all tests normally required by hospital and public health services. The training of laboratory assistants with a view to their taking over when Mr. Cotton departs in 1953 was commenced and is promising.

In 1950 the laboratory carried out the following tests :—

Urines	2629	Blood Counts	49
Urethral smears	62	Ascitic fluids	1
Cervical smears	536	Throat swab	11
Sputa	328	Gum swab	11
Vomitus	3	Cultures	21
Sorapings (b. Leprae)	3	Stools	5326
B. S. R.	31	<i>Kahn tests</i>	4774
Pus Smear	2	Positive	1710
Eye Smear	14	Doubtful	103
Haemoglobin Estim	15	Negative	2961
		% positive	38%

6. CONCLUSION.

Attached are two appendices indicating the number of cases diagnosed and treated in 1950 together with similar figures for 1949, and the number of deaths from different causes with numbers indicating their classification in the International Classification scheme.

There is no reason at all why Seychelles should not be a very healthy country. The Climate is good : Equatorial heat is tempered with ocean breezes and the majority of the tropical diseases are absent. Malaria, particularly, does not occur. Yaws is unknown and filaria is very infrequent. The future, from the public health point of view is promising provided that attention is paid to sanitation, housing and the eradication, so far as is humanly possible, of the venereal diseases.

Preventive medicine is urgently required in these islands where until recently it has scarcely been anything but a name. Health education is the basis on which any public health scheme must be founded.

I have no qualms about the years ahead.

Seychelles, 26.6.51.

JAMES TAYLOR,
Senior Medical Officer.

APPENDIX I.

Total number of cases of individual Diseases Diagnosed and Treated.

	1950	and	1949	1949	1950
DISEASE					
Typhoid Fever			—	—	—
Paratyphoid Fevers			—	—	—
Meningitis			1	—	—
Scarlet Fever			—	—	—
Whooping Cough			—	—	—
Diphtheria			9	3	—
Tetanus			8	5	—
Tuberculosis (Pulmonary)			103	60	—
Tuberculosis (other)			19	24	—
Leprosy			11	5	—
Diarrhoea & Enteritis			1487	1314	—
Dysentery (Bacillary)			37	2	—
Dysentery (Amoebic)			493	431	—
Dysentery (Other)			210	159	—
Dysentery (Unclassified)			37	93	—
Malaria			22	5	—
<i>Venereal Disease.</i>					
Syphilis : Primary and Secondary			139	266	—
Tertiary			507	894	—
Congenital			24	77	—
Gonorrhoea			671	1201	—
Influenza (Complicated)			21	—	—
Influenza (Uncomplicated)			33	371	—
Measles			320	3	—
Chickenpox			8	43	—
Ankylostomiasis			169	224	—
Other Helminthic Disease			885	1279	—
Filariasis			7	1	—
Abcess of the liver			33	39	—
Other diseases of the liver			534	844	—
<i>Tumours — Malignant</i>					
Non-malignant			20	11	—
Unspecified			55	29	—
24			24	8	—
Rheumatic conditions			1385	1107	—
Diabetes			24	29	—
Disease of Endocrine Glands			14	10	—
Beriberi			1	—	—
Other Vitamin Deficiency Disease			146	57	—
Disease of blood and blood forming tissues			819	473	—
Poisoning — Alcoholic			7	3	—

APPENDIX I.—(Contd.)

1950	and	1949	
DISEASE		1949	1950
Other		5	—
Mental Disease		27	9
Trachoma		3	3
Other Eye Disease		281	364
Disease of ear (incl. Mastoid)		355	365
Disease of Nervous System		705	483
Heart Disease		183	149
Bronchitis (Acute)		810	651
Bronchitis (Chronic)		618	693
Other disease of Circulatory system		112	193
Pneumonia — Broncho		90	75
Pneumonia — Lobar		56	32
Pneumonia — Unspecified		46	27
Other Disease of Respiratory System		1313	1101
Nephritis (Acute)		9	4
Nephritis Chronic		1	4
Other Non Venereal Disease of the Genito Urinary System		1037	962
Abortions		82	47
Toxaemias of pregnancy		6	17
Other conditions of puerperium		3	—
Ulcers (Unspecified)		172	95
Other skin disease		1795	1574
Disease of Bones etc.		188	209
Congenital Malformations		7	3
<i>Diseases of Early Infancy</i>			
Congenital debility		10	5
Premature Birth		—	26
Injury at birth		—	—
Other conditions		47	6
Senility		179	119
Violence — Homicide		—	—
Suicide		—	—
Other		374	395
Ill defined causes		513	297
Other causes		2459	3052
Tonsillitis		—	216
Other Disease of the digestive System		—	210

APPENDIX II.

Causes of death, 1950.

Title	Corresponding No. in the International List 1938 Revision	TOTAL	
		1950	1949
Tetanus	12	1	1
T. B. of the Respiratory System	13	25	27
Other forms of T. B.	14/22	7	3
Leprosy	23	1	2
Dysentery (a) amoebic	27	11	12
(b) undefined	27	1	1
Malaria	28	1	—
Venereal Disease			
(a) Syphilis			22
(b) other V. D.	30	20	—
Disease due to helminths	40/42	10	12
Other infective or parasitic diseases	7, 11, 24, 26, 37, 41, 43/44	1	—
Cancer & other tumours	45/55	22	20
(c) unspecified	57	1	—
Rheumatic conditions	58/59	2	2
Diabetes	61	5	2
Other vitamin deficiency diseases	60, 70/71	6	—
Anaemia (b) other	73	8	8
Mental diseases	84	1	1
Disease of the Nervous System	80/3, 85/7	20	44
Heartdiseases	90/95	30	22
Other disease of the circulatory system	96/103	14	6
Bronchitis (a) acute		2	—
(b) chronic	106	5	2
Pneumonia (a) broncho	107/109	8	8
(b) lobar		3	5
(c) unspecified		7	7
Other respiratory diseases	104/105, 110/114	12	10
Diarrhoea & enteritis under 2 years	119	9	22
2 years & over	120	2	14
Appendicitis	121	1	—
Hernia	122	8	3
Cirrhosis of the liver	124	3	1
Other disease of the liver	125/27	15	2
Other disease of the digestive system	115/16/118, 123, 128/29	6	11
Nephritis	130/32	4	9
Other Non Venereal diseases of genito urinary system	133/39	3	1
Toxaemias of pregnancy	144, 147/48	1	—
Other condition of the puerperal state	140, 142/43, 145/46, 149/50	1	—
Carbuncles, boils, cellulitis	151/52	1	—
Congenital malformations	157	9	—

APPENDIX II. (Contd.)

Title	Corresponding No. in the International List 1938 Revision	TOTAL	
		1950	1949
Disease of early infancy			
(b) premature births	159	11	5
(c) other conditions	161	3	4
Senility	162	75	52
External causes (a) suicide	163/64	1	1
(c) other cases	169/98	10	4
Ill defined causes	199/200	29	53
		418	

